

Name _____

Date _____

Time Out Sheet

Your actions in the classroom are a reflection of how you are seen by your peers and by your teacher. Make the right choice. Please sign below and get a parent or guardian to sign and bring back the next day.

Instructions: Answer the following questions and figure out how you can change your behavior to benefit your learning. The form must be filled out in complete sentences and in cursive.

1. Why have I been asked to fill out this Time Out Sheet?

2. What warnings have I been given before being asked to leave the class?

3. Have I been fair and respectful to the rest of the class?

4. What changes should I make to prevent disruptions in the future?

5. Is there anything else that you would like to say?

Student _____

Parent/Guardian _____

Teacher Approval _____